

progressivebodyworks

Cadillac & Wunda Chair Refresher Registration Form

SUNDAY, NOVEMBER 19, 2017 9:00-5:00 PM

NAME	
ADDRESS	
EMAIL	
PHONE	
TOTAL AMOUNT ENCLOSED	\$

Cost: US \$250 before October 1, 2017 / US \$275 after

Where: Progressive Bodyworks Studio 73 High Street Newburyport, MA 01950

Credits: 7 PMA Lunch will be provided.

Method of Payment: Please indicate your preference.

1. **Check:** payable to "Progressive Bodyworks."
Mail checks to: 73 High Street / Newburyport, MA 01950
Payment will be confirmed via email.
2. Billed via PayPal

Waiver of Release to Participate in Workshop and Lessons:

I UNDERSTAND all the requirements and guidelines of this instructor education.

1. This is a strenuous program designed only for individuals both mentally and physically fit.
2. I will participate in the program at my own risk.
3. I am 18 years of age or older.

I RELEASE Progressive Bodyworks and the Pure Pilates and their employees from any and all personal injury or other liability arising out of my participation in the program. In addition, I agree to indemnify, defend and hold harmless Progressive Bodyworks and The Pure Pilates and their respective directors, officers, employees and agents from and against any and all loss, liability, cost or damage to other persons or to property arising directly or indirectly from my actions during the program.

I AGREE to all of the program's terms and conditions; and all rules, policies and regulations of both Progressive Bodyworks and The Pure Pilates. Progressive Bodyworks reserves the right to cancel the instructor education session if there are less than the minimum number of registered participants, in which case the tuition paid will be reimbursed. No refund will be issued to students who cancel less than one month before the course begins.

Signature _____ Date _____

Please fill out form, sign release and return with payment to address below. Please **make checks payable to:**

Progressive Bodyworks, 73 High Street Newburyport, MA 01950